

An Essay
on
ANGINA MEMBRANACEA,

Respectfully submitted to the Faculty of

*The Homoeopathic Medical College
of Pennsylvania,*

on the Thirty-first day of January A.D. 1853,

by
I. TISDALE TALBOT,

of Boston.

Massachusetts.

Phrygania colubina

This species has increased in the
last few years, that it is now
found in every country and
state. It is a very common
species of butterfly. It has attracted the
attention of nearly all writers especially in
the last half century. There has been
it under a great variety of names - some
of these of the true species, others
of which it is not a species, with which it
has not the slightest connection, even
giving it to a wholly unrelated
species by a variety of authority.

Of the British species the most common
was *Phrygania colubina*, *Phrygania*
colubina, *Phrygania colubina*, *Phrygania*

Angina Membranacea.

This disease has so increased in the last two hundred years, that it is now extensively known in every country and climate.

From its violence, and formerly, almost invariable fatality, it has attracted the at-
tention of nearly all medical writers, especially in the last half century. These have treated it under a great variety of names - some expressive of the true disease, others confounding it with diseases with which it has not the slightest connection; or referring it to parts wholly unaffected, except by sympathy of continuity.

Of the Latin synonyms, the most common are; *Cynanche trachealis*, *Cyn. laryngea*, *Cyn. stridula*, *Cynanchorhœpnoea*, *Angina*

polyposa, A. inflammatoria, A. suffocatoria, A. trachealis, Catarrhus suffocativus, Laryngitis et Tracheitis infantilis, Laryngo-tracheitis, Laryngocacē, Morbus strangulatorius, Diphtheritis trachealis, Expectoratio solida, &c. &c.

Of French terms, we have; Angine laryngée et trachéale, Laryngite, avec production de fausses membranes, Laryngite pseudo-membraneuse, &c. Of English names we have also a supply, such as Croup, Membranous croup, Roup, Hoives, Choak, Dog-choak, Rattles, Stuffing, Rising of the Lighs &c.

Of these names, perhaps the French express most correctly the exact state of the disease, but as no French term can be swallowed by an Englishman, it is rarely or never known among our countrymen by either of these titles.

Its most common appellation with us is Croup, a word derived from the Scotch signifying a peculiar kind of whistle,

but which does not convey in the slightest degree, any idea of the disease, and which has been entirely dropped in the scientific world when explaining the disease, and yet one - which is held on to, and which I shall adopt in this essay, as a labor saving arrangement.

Among scientific men of our own country and England, this disease is most commonly known as *Cynanche trachealis*. To this name I object as being inexpressive of the disease, and if we would have any term aside from the equally inexpressive one of Croup, let it be one which tells precisely what we mean.

Cynanche is derived from two Greek words, *κυν* a dog, and *αγχω* I suffocate, and common people have, rather than speak the hard word, anglicised to "Dog choak" one of the terms applied to the disease, and which I suppose ignorant persons might use when they wished to ape the scientific.

4
But this term has been modified to express an inflammation of the upper portion of the alimentary canal, and the lining membrane of the air passages; trachealis refers it to the trachea. Now this term does not properly describe the ~~true~~ disease, for first, I shall show that it is not confined to the trachea, and, secondly; It is not a mere inflammation, but a peculiar state of the system; for if it were inflammation only, adults would certainly be subject to it, or it would be induced in a child by the swallowing of hot drinks, or the thousand other causes which excite inflammation of the mucous membranes, but this we all know is not the case.

The term which I have selected, and which is adopted by ^{many} writers of good authority, Mecklenmann and Hufeland among the number, Angina membranacea, signifies a suffocation, or stifling, from a membranous formation or narrowing,

and though it does not locate the precise spot of the exudation, which cannot properly be done, yet it tells that it is at some part of the respiratory apparatus, which can be obstructed by a narrowing, and custom has connected with the word angina the idea of inflammation.

Diagnosis

Most authors divide this disease into three stages;

1st. The invading or catarrhal.

2^d. The inflammatory.

3^d. The stage of albuminous exudation.

1st. The Catarrhal Stage.

There are from the first, slight-febrile symptoms; the child has what is popularly termed a cold; sneezes, coughs, and is hoarse; there may be alternate chilliness and heat; the skin may become hot; pulse, accelerated and hard.

and the countenance flushed; the child is either dull, or in excited spirits, and there is generally more or less pain and pressure in the head.

The patient may sleep well, awaking about midnight to cough once or twice, then turn over, and fall asleep again, sleeping quietly till morning. The breathing may not be very difficult, but slightly laboured, and the cough, which properly appears for the first time about the second or third night, to one unacquainted with the disease, may not seem remarkable, but if closely noticed, will have a slightly metallic sound. This is the first positive evidence of the true nature of the disease, and so characteristic and reliable is it, that whoever has once heard it, need not fail to recognize it.

This stage may last from two to four, and sometimes even to eight days.

2^d. The Inflammatory Stage.

The fever now increases rapidly; the respiration becomes difficult and sonorous; the cough may be loud, dry and clangous, as if passing through a brass tube, and it has also been compared to the barking of a young puppy, or the crowing of a young cock. The inspiration is dry, hissing and slow; skin, hot and burning; pulse, quick, frequent and hard; face, flushed, and countenance, expressing great anxiety; head, thrown upward and backward, stretching the throat. (This is the reverse of the motion in pulmonary inflammation.)

The paroxysms of coughing are followed by a profuse and clammy perspiration of the whole body, and particularly the head and face. The eyes are generally pale, and have a clear, deep, pearly expression. The bowels are constipated; urine, scanty, high coloured, and generally albuminous.

Nearly all these symptoms have some remission during the day, and exacerbation at night, usually, from ten P.M. to two A.M. after which time the child may fall into a slumber, and sleep till morning.

This stage usually continues from one, to two days, although it is sometimes of but a few hours duration.

3^d The Stage of Albuminous Exudation.

The cough, at first dry, or attended with a scanty muco-sanguineous expectoration, becomes husky and suffocative, and is frequently attended with abortive efforts to excrete something lodged in the trachea, and the fits of coughing are accompanied by the expectoration of glairy mucus, containing shreds of the adventitious membrane; the sense of suffocation increases, and the voice sinks into a whisper.

As the disease advances, there is a total absence of remission; the pulse becomes accelerated, small, weak and irregular, and the cough less frequent and audible, but suffocative.

If a fatal termination is approaching, the patient tosses about in great distress; grasps whatever is within reach; seizes his throat as if to remove something impeding respiration; makes forcible efforts to expand the lungs; the nostrils, in perpetual motion, dilate widely; the face is livid, sometimes bloated, and the pupils often expand. After a variable duration of such suffering, seldom more than twenty hours, drowsiness supervenes, and the vital energy, expended, with a long drawn, gurgling inspiration death closes the scene.

Etiology.

The condition of system on which this disease depends, seems oftentimes to be hereditary. I know a family of seven children, six of whom were subject to the disease in early life, as were also both the parents, and one of the grandparents. But it also attacks those of a particular temperament, who might, and I believe have been called of croupy diathesis. These are children with fair skin, florid complexion, expressive, sparkling eye, a roundness of body, or what is generally known as plumpness, an abundance of adipose tissue, short neck, double chin and dimpled cheek.

Croup is not contagious, but where this diathesis exists in several children of the same family, they will often be attacked at, or about the same time. It is said to be more frequent North, than South, more common

among boys, than girls, and prevails most late in the Autumn, and early in the Spring.

It seems to be endemic in some places which are low, cold and damp, and is also said to prevail most along the sea shore, and near large bodies of water, especially if salt.

It has been suggested that this may be owing to the iodine & bromine contained in the water; but this cannot be the principal cause of the disease, as it often occurs at the greatest distance from the salt-water.

Sometimes it appears sporadically, and may be occasioned by sudden exposure to cold - when the thoracic organs are heated by running, crying, &c.

Its increase in the last two centuries on the Continent of Europe, has been attributed by some writers to the destruction of the vast forests, which leaves the country more exposed to the cold, sweeping winds, and the strong sea breezes. The same cause would operate in our own country,

72
or, it may be, as the soil is more extensively cultivated, a greater amount of vegetable matter passes into a state of excrementitiousness, and generates poisonous gases which are taken into the system.

Schaeulin says, Croup may also arise from metastasis from several diseases, such as common catarrh, whooping cough and measles.

The proximate cause seems to be an inflammation of the mucous membrane of the larynx, and sometimes trachea, with extremely rapidly effused lymph, which thickens the membrane, and straightens, or even mechanically closes the trachea.

The predisposing causes are - the infantile age to seventh or eighth year, from the greater plasticity at that time of life; also a too nutritious and heating diet, too much animal food or stimulants, such as coffee or wine.

It seldom attacks adults, although we occasionally see exceptions to this, even in very old persons.

Pathological Anatomy.

The mucous membrane of the larynx, trachea, and sometimes bronchia and fauces, exhibits a greater or less degree of swelling and redness, and is covered with a plastic exudation, corresponding in shape to the surface it rests upon. This is of a pale yellow, or grayish colour, of about the consistency of boiled white of egg, and consists of a thick viscid fluid united with plastic lymph. This becomes tougher and thicker, the longer the disease continues.

According to Prof. Jackson, the first seat of exudation is the extreme lower part of the larynx; from this it gradually invades the trachea; then, if the disease continues, the membrane forms in the bronchia and finally on the fauces, and even palate. It is thickest in the posterior part of the larynx and trachea and grows thinner and softer, as it departs from this point. Hussenot says that in

one hundred & forty one cases, the membrane did not extend below the trachea in seventy eight; the bronchi also were affected in forty two; in thirty cases the exudation completely filled both larynx and trachea, the state of the bronchi not being specified, and in twenty one cases no lymph was discovered.

As before mentioned, there is generally redness of the mucous membrane. If however the disease have continued a certain time, the redness disappears. The mucous follicles often become enlarged, and the mucous membrane, rugous, swollen, occasionally in a state of softening, or brittle and easily torn.

The lungs are generally found congested with blood; the pleura & pericardium often red and inflamed, and frequently containing a serous exudation. The face is blue, or livid, and the brain is congested with blood, often containing a considerable quantity of mucus.

Therapeutics.

The physician is seldom called to see the child in the first stage. The mother, unless she be very observing, or has had much experience in the disease, contents herself with feeling that the child has "got a cold" which must run its course, and the "Doctor" cannot do it any good. But if he be sufficiently fortunate to see the case on the first attack he can almost certainly cure the disease, or change the symptoms into those of ordinary catarrh. The remedies would be Acon. Bry. Cham. Bell. Ipec. or Nux V. or, if the cough should have a croupy sound, without inflammation or swelling - Hep. Sulph.

After the disease has progressed farther, and become firmly established, Acon. Hep. Sulph. Iod. and Spong. are the most serviceable, and Brom. Lach. Nosc. Sumb. Phos. Lobel. Ipec. Pros. and Tart. Emul. are often indicated.

Aconite.

There are few cases of true croup in which this is not indicated, especially if it set in suddenly, with synochal fever, and inflammation of the larynx and trachea. During the inflammatory stage, it will be especially needed if there be great-febrile, burning heat; thirst; short, dry cough; breathing laboured; pulse, frequent, hard, accelerated; distension and redness of the face; eyes, glistening and prominent; chilliness on movement, or on being uncovered.

As this medicine is very speedy in its action, it may be given at short intervals according to the severity of the disease.

Hepar Sulphuris.

This remedy is most-valuable, when there is little fever, or the fever has been reduced by Aconite; the skin, soft and moist, or

Even covered by a profuse perspiration.

The voice is weak and hoarse; cough, frequent, dry and harsh, and the breathing, though quick, is accompanied by a rattling of mucus.

There may also be violent fits of coughing, with apparent danger of strangulation from the mass of plastic exudation, which, though loose, the patient is unable to raise, or throw off.

There is great pressure of the throat, as if it were bound up, and the patient may seize it, as if to tear something away.

The patient may be distressed, fretful, melancholy, with excessive thirst during the day.

The urine, scanty, may be pale and clear when first discharged, becoming cloudy and thick, and depositing a whitish sediment on standing; or it may be high coloured, a dark yellow, or brownish red.

From these symptoms, this medicine will be seen to be valuable in all stages of the disease, and its action, being of longer duration, it will not need to be given as often as Acon.

Iodine.

Koch seems to have been the first to direct attention to this remedy in Croup, and from his essay, one might suppose that it was the one only remedy required in the disease.

There are indeed many symptoms in the proving of this medicine which correspond to those of Croup; such as, "haggard expression of countenance"; "tormenting constriction of throat"; "pain increased by pressing on the larynx"; "disagreeable scraping of the throat"; "Pain, contraction, and heat, in larynx"; "inflammation of the trachea"; "hoarseness"; "dyspnoea"; "intolerable tingling and burning of larynx"; "deep, dry cough, accompanied by expectoration of much thick mucous." These, and many other similar symptoms to be found in ~~Koch's~~ ~~Koch~~ ~~Remann's~~ proving, would seem to indicate its use; in the first-stage of the disease, when ^{they are} ~~there are~~ painfulness of the larynx, hoarseness, saw-

ing respiration, and violent fits of coughing threatening suffocation. Later in the disease, when there is great constriction of the larynx; cough, loose, but long continued, with expectoration of thick, tough mucus, resembling shreds of adventitious membrane, affording but slight temporary relief. Iodine is of much service. In the last stages of the disease, it is also valuable, when the respiration is short and weak, the voice gone, countenance pale and haggard, and the whole body covered by a cold, clammy perspiration.

Rock prepared this remedy, by triturating five grains of Iodine, with ninety five grains of common salt. Half a grain of this he dissolved in a tumbler of water, and gave a teaspoonful every fifteen or twenty minutes. As this method in its effects, presents no advantage over the

common way of preparing it, there is no reason why we should make an exception in favour of this compound.

As Iodine is soluble in ~~alcohol~~ alcohol, it is better to prepare it in this way, and from its volatility, it is better to use that recently dissolved.

Spongia.

It has been supposed by some, that the beneficial effects of Spongia arose from the portion of Iodine which it is known to contain.

It is certain that since the introduction of Iodine, Spongia has not been so much used.

But there are cases in which this remedy is preferable to every other; as, when, after the removal of the exudation, there remains great soreness and roughness of the Throat, hoarseness, dry, obstinate, and exhausting cough, occasioned by deep respiration; also if there be a sensation of a foreign body in the Throat.

Bromine.

There seems to be great difference of opinion among physicians regarding this remedy in Croup. Many do not use it at all, and some of our late writers have not even mentioned it as a Croup medicine; while others claim that for this disease, it is the most valuable medicine in the Materia medica.

I know a physician of very successful practice, who has a great number of cases of Croup under his charge yearly, who says that he finds Bromine indicated in three fourths of his cases and from no other remedy does he receive such prompt and favorable results.

The symptoms, which seem to indicate its use are;—dry, hoarse, wheezing and at times suffocative cough, increased by talking; respiration, laboured and painful, sometimes characterized by mucous

20
rattling; sensation of great pressure across
larynx; gasping for air; throwing back
the head, and seizing the throat; face, hot
and flushed; ~~the~~ pulse, hard and bounding.
The larynx exhibits a diphtheritic exudation.

The same precaution is requisite in
this, as in Iodine.

Beside the medicines already men-
tioned, there are others which may sometimes
be indicated, but as these will meet the great-
er proportion of cases, I shall merely mention
the leading characteristics of several others.

Lachesis. When there is great-sensitive-
ness of larynx and trachea to the touch;
slight-pressure producing severe fits of coughing.

Moschus. In the last stage of the
disease, when there is a sensation as if
breathing were arrested.

Sambucus. Slumbering with the eyes

half open. Awakens with a sensation of suffocation.

Phosphorus. When the inflammation extends to the lungs, threatening paralysis of that organ.

Lobelia. When there is considerable perspiration, with sensation of a plug in the throat, impeding respiration and deglutition.

Speeacuanha. Rattling of mucus, with constant titillation of throat, producing cough, nausea; with frequent vomiting.

Orosera. Creeping sensation in the larynx, as if some soft-body were lodged there.

Kali bichromicum. After the membrane has formed, a dry sensation of the throat, and expectoration of dry, tough mucus, in long strings.

Tartarus emeticus. Face, livid and cold, and there seems to be a general prostration of the vital powers.

There may be also indicated, Arsen.
Am. caust. Bell. Bry. Cham. Cina, Cupr.
Merc. Nitr. ac. Nux V. Sangu. can. Sulph.
and Verat.

Kerp. sulph. Lycop. Phos. and
Sulph have been found useful in removing
the susceptibility to the disease.

In all cases of Croup, it is necessary
that the patient be kept quiet
either in the arms of a nurse, or in the bed.

The temperature of the room should be
equable, and rather high—about seventy or
seventy two. The atmosphere should be
moist, rather than dry, especially after ex-
udation has taken place, as moisture favors
the detachment of the membrane. The child
should be wrapped in flannel, that he
may not feel the slightest change in
the temperature.

22
If there is much fever, with heat and oppression of the chest, great-sensitiveness of larynx, with restlessness and difficulty of breathing, a napkin dipped in cold water and laid upon the chest, will often afford much relief. It should be changed as often as it becomes warm and be kept on as long as the heat and oppression continue. Not that the "cold water" will do any thing to cure the disease, but by reducing the temperature, it will at the same time reduce the inflammation and exudation.

This application will almost-always arouse the patient, if he be in a state of torpor arising from imperfect-oxygenation of the blood. Whether we may attribute this to the increased amount of oxygen furnished to the system by the water, or only due to the reaction of the system from

20
The sedative effects of the ^{cold,} is a questionable point; but certain it is, that in either case, we, as consistent Homoeopaths, have as much right to use it here, as we have to dash cold water into the face of a fainting person, or expose them to the open air, that their system may receive a larger supply of oxygen.

Sometimes it happens, that from delay in sending for a Homoeopathic Physician, the membrane may form in the larynx, glottis, and fauces, to such an extent as to produce suffocation. In such cases, if the exudation does not entirely close the trachea, a little time may be gained for the action of the appropriate medicines, by the application of a strong solution of the Nitrate of Silver to the parts themselves.

This may be done by a small piece of sponge, attached to a piece of whalebone.

With this, portions of the membrane may be removed, and immediate relief afforded to the patient.

If the exudation obstruct the passage below the larynx, and does not extend into the air vesicles, or ramifications of the bronchi, the operation of tracheotomy may sometimes be performed with success, ~~and~~ a portion of the membrane being thus removed; but in the majority of cases when the disease has progressed thus far unchecked, these operations will be wholly futile, and subject the patient to useless torture and suffering.

Addenda.

It will be seen, that in the preceding pages, I have made no reference to those other diseases usually classed under the head of croup; viz. the false, or spasmodic croup, the catarrhal croup, and the croup of old people. The first is merely a spasmodic closure of the glottis. very severe, sudden, and sometimes fatal. The catarrhal croup, commences suddenly, says Dr. Watson, "with a croupy cough, hoarse voice, shrill wheezing, and sonorous inspirations, oppression and tightness at the chest, and sudden attacks of dyspnoea; there is no membrane formed, and in a few days the croupy character will wear off of itself, leaving simple catarrhal symptoms only." The croup of old people invests only the larynx and seldom forms anything like a membrane. Thus it will be seen that these are entirely distinct diseases from the one just considered.

There is, perhaps, no disease which affords a fairer trial of the efficacy of the two systems of medicine, than the true membranous Croup, or Angina membranacea.

Every remedy had been tried, which skill or ingenuity could devise; such as bleeding, vomiting, purging, gargling, steaming, smoking, chilling, sweating opiating and salivating; all unsuccessfully, until in despair one of the most-experienced, learned, and candid in the whole Allopathic ranks ~~Dr.~~ John Ware, of Boston, acknowledged in a work published within the last-ten years, that true membranous croup could not be cured; and now, cases are cured in that-school ^{only} by filching from the plumes of Homoeopathy, and giving clandestinely Homoeopathic medicines. Within the month, a Physician in one of our cities, inquired of me, what that Keper Sulphur

rous, which Homoeopaths pretended to cure the Group with, and now they gave it.

"For his part, he said, he did not believe anything in it, for he had given it in three cases without doing the least good, as they all died!" "And so they all will, I presume," said I, "until you have learned when, and how to give it."

Dr. Watson says that "blood letting, tartarized antimony, and calomel are the only remedies worth consideration" and Dr. Ware proves conclusively, by statistics, that these remedies do more hurt than good; that they render the disease more certainly fatal, and terminate it sooner than if nothing were done. He recommends the expectant treatment; applying warm fomentations to the chest and neck, slight stimulants to the throat, to take care of the diet, and leave the rest to the "vis naturalis medicatrix".

How sadly does this contrast with the experience of every Homoeopathist!

We approach this disease with a confidence in his remedies, and can say positively, if he sees it in its earlier stages, this Croup can be cured. Hardly a day passes, but some Homoeopathist is applied to, to attend a case abandoned by some old School Practitioner as incurable. And often, even here, in the last stage of the disease, success has crowned his skilfully directed efforts, and the patient been restored to perfect health.

It ought to be enough to silence all sneers and idle jests, if Homoeopathy had done nothing more than snatch from the grave those fair haired, blue eyed boys, and rosy, dimple checked girls, at an age when they so abound in physical life and health, that to parents, they form Earth's chiefest treasure,

Thank Heaven! there is a
Certainty in medicine, if we will but
follow that law established by the Creator
himself, and clearly revealed to us by
the immortal Hahnemann.—

"*Similia similibus curantur.*"